



Vector-Borne Disease

Weekly Surveillance Report

Center for Acute Disease Epidemiology | Acute Disease Prevention and Emergency Response & EH | [West Nile Virus Website](http://WestNileVirusWebsite)

All data presented in this report are provisional and may change as additional reports are received

Date Issued: September 8, 2017



West Nile Virus (WNV)

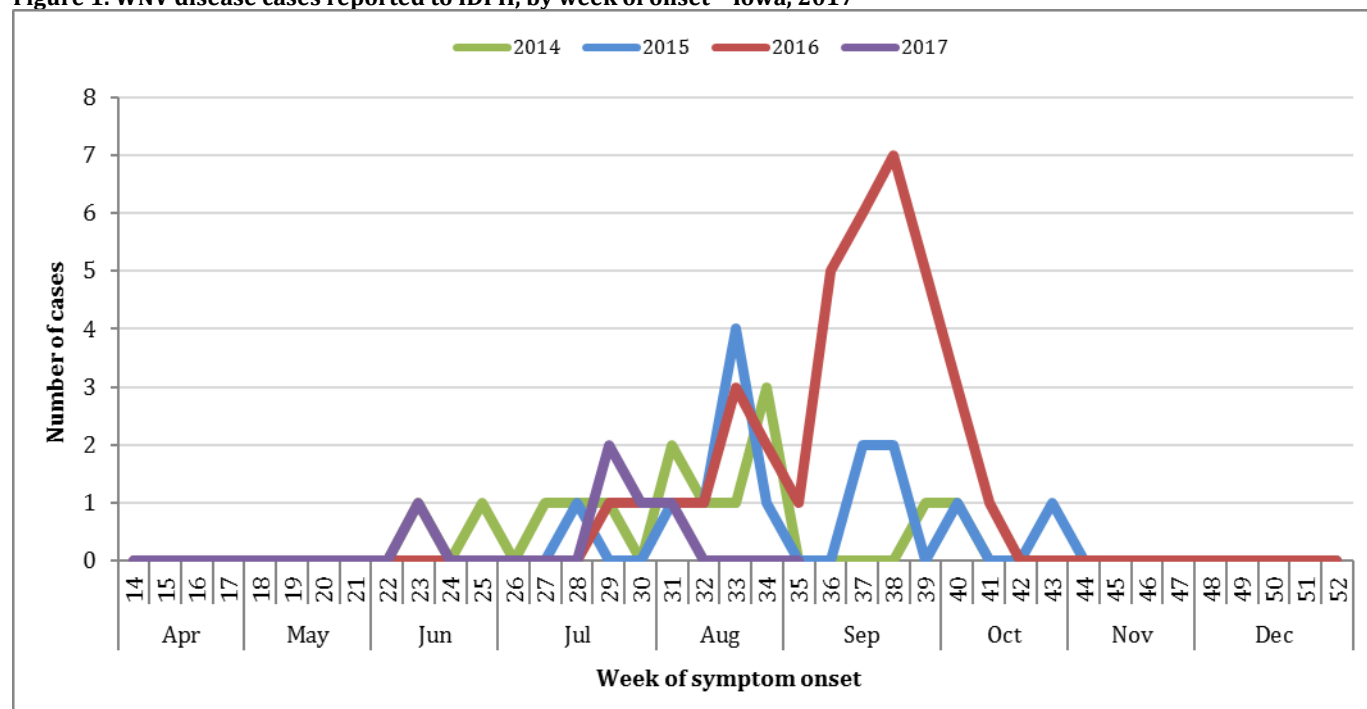
WNV is endemic in Iowa and activity usually peaks in late summer and early fall. IDPH works in collaboration with Local Public Health (LPH) and other appropriate partners to investigate all reported cases.

During the 2016 surveillance season, 37 human cases of WNV were reported in 19 Iowa counties. In 2017, five human cases of WNV and four presumptive viremic blood donors have been identified. One horse, one bird and 56 mosquito samples have also tested positive for WNV [Table 1].

Table 1. Human /Equine/Bird/Mosquito Surveillance, 2017 Positive Samples

County	Human	Blood Donor	Horses*	Birds*	Mosquitoes				
					<i>Culex pipiens</i>	<i>Culex pipiens</i> group	<i>Culex restuans</i>	<i>Culex salinarius</i>	<i>Culex tarsalis</i>
Allamakee	1	0	0	0	0	0	0	0	0
Blackhawk	0	0	0	0	0	0	3	0	0
Des Moines	0	2	0	0	0	0	0	0	0
Dickinson	0	0	0	0	0	0	0	0	1
Fayette	0	1	0	0	0	0	0	0	0
Ida	1	0	0	0	0	0	0	0	0
Lyon	0	1	0	0	0	0	0	0	0
Monona	0	0	0	0	0	0	1	0	0
O'Brien	0	0	0	0	1	0	1	1	0
Osceola	1	0	0	0	0	0	0	0	0
Polk	0	0	0	0	8	0	9	0	0
Pottawattamie	0	0	0	0	2	3	7	1	0
Sioux	0	0	0	1	0	0	0	0	0
Story	1	0	0	0	2	0	4	1	0
Woodbury	1	0	0	0	4	0	6	0	1
Worth	0	0	1	0	0	0	0	0	0
Total	5	4	1	1	17	3	31	3	2

*IDPH does not routinely test horses or birds for West Nile virus, but positive horses and birds are reported to IDPH.

Figure 1. WNV disease cases reported to IDPH, by week of onset – Iowa, 2017

For additional information on Iowa West Nile virus activity, visit <http://idph.iowa.gov/cade/disease-information/west-nile-virus>.

National WNV Activity:

As of September 5th, 792 counties from 47 states and the District of Columbia have reported WNV activity to ArboNET for 2017, including 37 states with reported WNV human infections (i.e., disease cases or viremic blood donors) and 10 additional states and the District of Columbia with reported WNV activity in non-human species only (i.e., veterinary cases, mosquito pools, dead birds, or sentinel animals) [Figure 2].

To date, 526 human WNV disease cases have been reported from 257 counties in 36 states. Of these, 303 (58%) were classified as neuroinvasive disease (such as meningitis or encephalitis) and 223 (42%) were classified as non-neuroinvasive disease [Figure 3]. Dates of illness onset for cases ranged from March–August [Figure 4].

In addition, 97 WNV PVDs have been reported from 29 states.

Figure 2. WNV activity reported to ArboNET, by state – United States, 2017 (as of September 5, 2017)



*WNV human disease cases or presumptive viremic blood donors. Presumptive viremic blood donors have a positive screening test which has not necessarily been confirmed.

†WNV veterinary disease cases, or infections in mosquitoes, birds, or sentinel animals

Figure 3. WNV neuroinvasive disease incidence reported to ArboNET, by state – United States, 2017 (as of September 5, 2017)

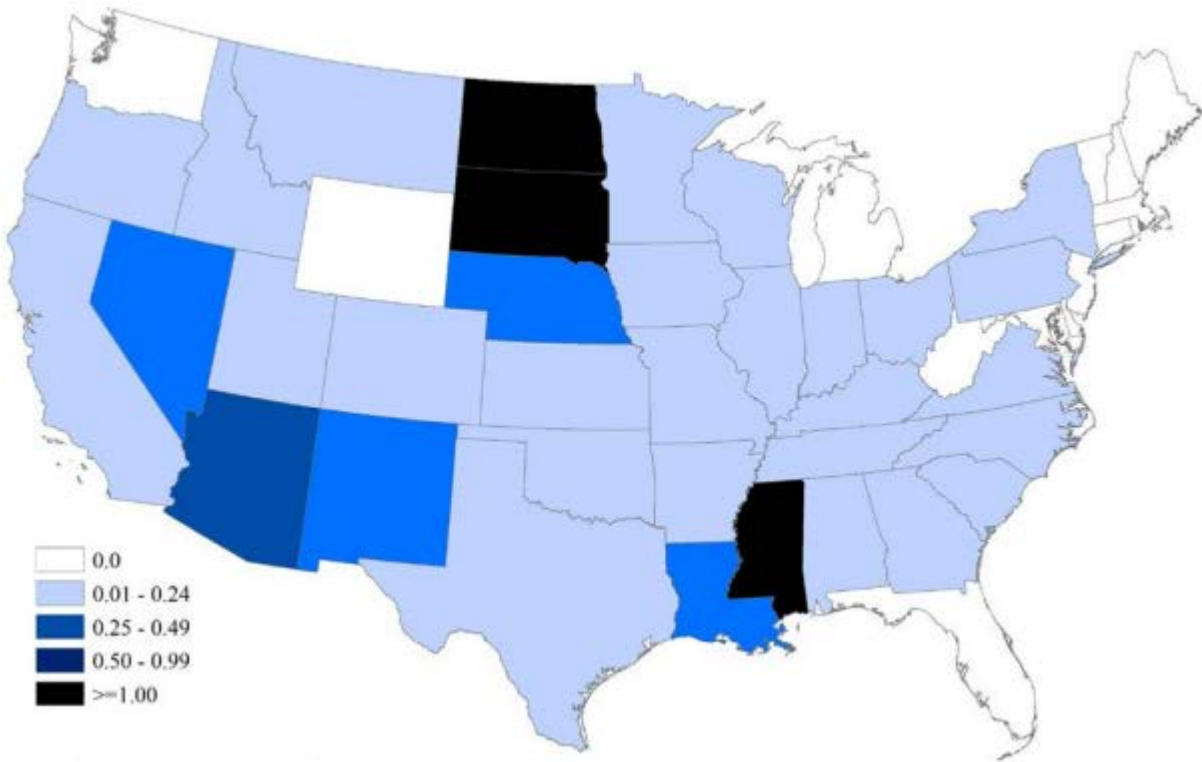
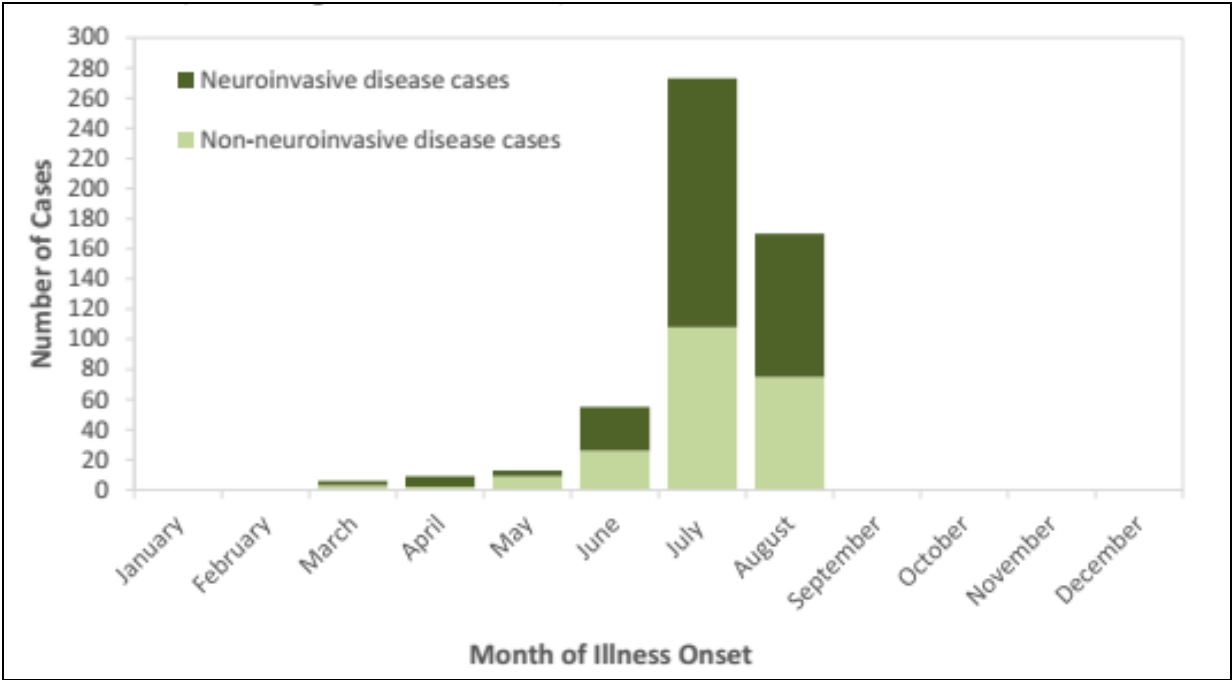


Figure 4. WNV disease cases reported to ArboNET, by month of onset – United States, 2017 (as of September 5, 2017)



La Crosse encephalitis (LACV)

La Crosse encephalitis virus (LACV) is passed to humans through the bite of an infected *Aedes triseriatus* mosquito. These mosquitoes are most active during the daytime, especially in or near infested woods.

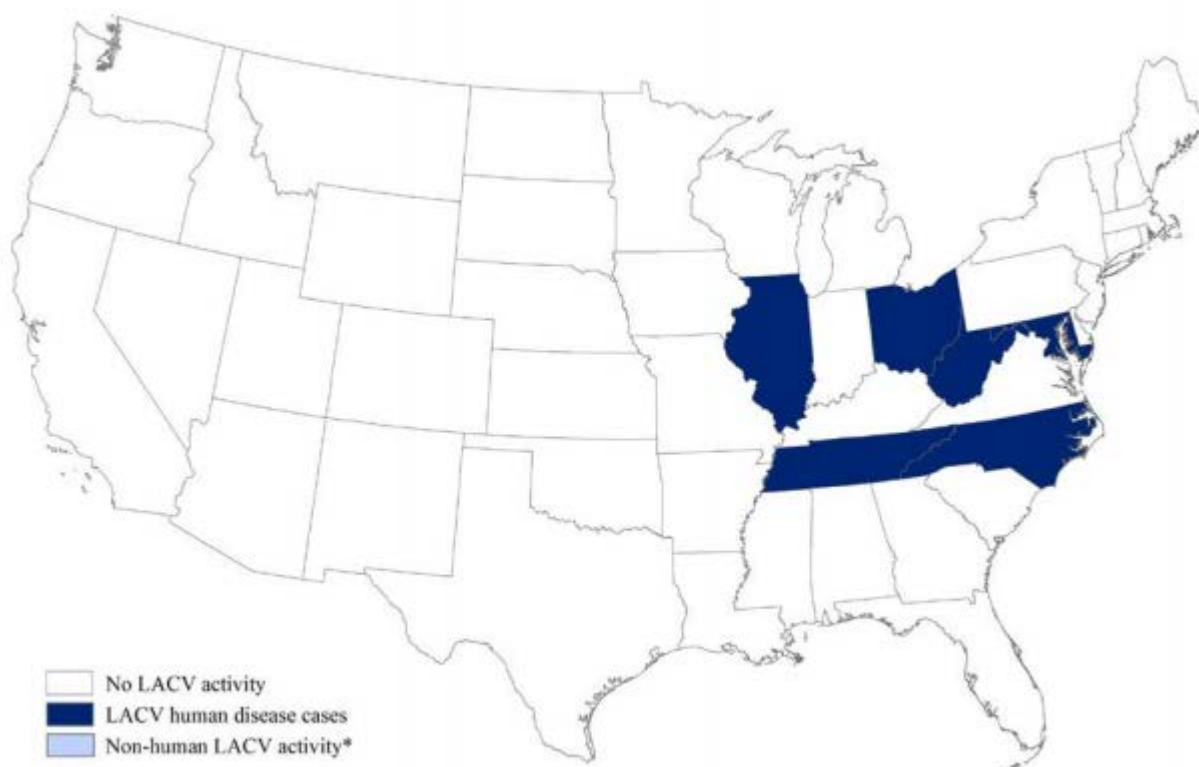
In 2017, one case of LACV has been reported in Iowa. The last case of LACV identified in the Iowa was in 2007.

National LACV Activity:

As of September 5th, 22 counties in six states have reported human cases of LACV to ArboNET for 2017 **[Figure 5]**.

To date, 29 human La Crosse encephalitis virus disease cases have been reported in 2017. Of these, 27 were classified as neuroinvasive disease and two were classified as non-neuroinvasive disease.

Figure 5. LACV activity reported to ArboNET, by state – United States, 2017 (as of September 5, 2017)



Mosquito Surveillance

IDPH in collaboration with the State Hygienic Laboratory (SHL), Iowa State University (ISU), and local public environmental health partners conducts ecological surveillance in twenty five counties across the state by monitoring mosquitoes and testing for WNV infected populations.

Table 2. 2017 mosquitoes tested for West Nile virus

Species	# of Samples Tested	WNV Negative	WNV Positive
<i>Cx. pipiens</i>	247	230	17
<i>Cx. pipiens</i> group	170	167	3
<i>Cx. tarsalis</i>	86	84	2
<i>Cx. restuans</i>	425	394	31
<i>Cx. territans</i>	10	10	0
<i>Cx. erraticus</i>	33	33	0
<i>Cx. salinarius</i>	100	97	3
<i>Ae. japonicus</i>	112	112	0
<i>An. punctipennis</i>	0	0	0
<i>Ae. atropalpus</i>	0	0	0
<i>Ae. sticticus</i>	1	1	0
<i>Ae. triseriatus</i>	1	1	0
Total	1185	1129	56

In addition to viral testing for WNV, the population of mosquitoes in Iowa is monitored through trapping activities. All trapped mosquitoes are sorted by species. One species that has rarely been found in Iowa is *Aedes albopictus*. The figure [Figure 6] below shows where and when each detection occurred.

Figure 6. *Aedes albopictus* identified in Iowa



Malaria

Malaria is a serious and sometimes fatal disease caused by a parasite that commonly infects *Anopheles* mosquitoes. Malaria is spread to humans by the bite of the infected female mosquito. Only *Anopheles* mosquitoes can transmit malaria and they must have been infected through a previous blood meal taken from an infected person.

Twelve cases of malaria have been reported in Iowa. Cases are in travelers and immigrants returning from parts of the world where malaria transmission occurs. In 2016, 22 cases of malaria were reported to IDPH.

Rocky Mountain spotted fever (RMSF)

American dog ticks are carriers of *Rickettsia rickettsii*, the bacteria that causes RMSF. The American dog tick is the most common species of tick in Iowa and can be found in every county in the state. The tick is most active late March through August.

Seven cases of RMSF have been reported in Iowa. In 2016, 11 cases of RMSF were reported to IDPH.

Ehrlichiosis/Anaplasmosis

There are at least three species of bacteria responsible for ehrlichiosis/anaplasmosis in the United States: *Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Anaplasma phagocytophilum*. Ehrlichiae are transmitted by the bite of an infected lone star tick (*Amblyomma americanum*) which is found in Iowa. *A. phagocytophilum* is transmitted by the bite of an infected blacklegged tick (or deer tick, *Ixodes scapularis*) in Iowa. The clinical signs and symptoms of these infections are similar.

Fourteen cases of ehrlichiosis/anaplasmosis have been reported in Iowa. In 2016, 14 cases of ehrlichiosis/anaplasmosis were reported to IDPH.

Babesiosis

Babesiosis is caused by microscopic parasites that infect red blood cells. Most human cases in the United States are caused by the parasite *Babesia microti*. *Babesia microti* is spread by the blacklegged tick (or deer tick, *Ixodes scapularis*). The parasite typically is spread by the young nymph stage of the tick. They are most common during the warm months of spring and summer in areas with woods, brush, or grass.

Two cases of Babesiosis have been reported in Iowa. In 2016, one case of Babesiosis was reported to IDPH.

Lyme

Lyme disease is caused by *Borrelia burgdorferi* and in Iowa is transmitted to humans by the bite of an infected tick, the blacklegged tick (or deer tick, *Ixodes scapularis*). Ticks are most likely to spread the Lyme disease bacterium during their pre-adult stage (nymph). They are most common between May and July and found in tall grasses and brush of wooded areas.

As of September 8th, 195 confirmed and probable cases of Lyme have been reported in Iowa. In 2016, 232 cases of Lyme disease were reported to IDPH.